

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Association of State Democratic Chairs

ADDRESS (number and street)

430 S. Capitol Street SE

Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00259481

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Fishman, Ann, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Fishman, Ann, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 12 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Association of State Democratic Chairs

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2016</div>		<div>-4910.99</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>25696.50</div>	
(c) Total Receipts (from Line 19) .....	<div>29485.00</div>	<div>201078.61</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>55181.50</div>	<div>196167.62</div>
7. Total Disbursements (from Line 31).....	<div>23818.72</div>	<div>164804.84</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>31362.78</div>	<div>31362.78</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Association of State Democratic Chairs

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
09 01 2016

To:

M M / D D / Y Y Y Y Y  
09 30 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

11000.00

(ii) Unitemized .....

10.00

10.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

10.00

11010.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

10.00

11010.00

## 12. Transfers From Affiliated/Other

Party Committees.....

28625.00

187728.61

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

850.00

2340.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

29485.00

201078.61

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

29485.00

201078.61

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	23818.72	164804.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23818.72	164804.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23818.72	164804.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23818.72	164804.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10.00	11010.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10.00	11010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	23818.72	164804.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	850.00	2340.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22968.72	162464.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Arizona Democratic Party**

Mailing Address 2910 N Central Ave

City  
Phoenix

State  
AZ

Zip Code  
85012-2704

FEC ID number of contributing  
federal political committee.

C C00166710

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5625.00

Date of Receipt

MM / DD / YYYY  
09 / 23 / 2016

Transaction ID : VNJ0FF42JV9

Amount of Each Receipt this Period

2812.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. DEMOCRATIC PARTY OF ILLINOIS**

Mailing Address PO Box 518

City  
Springfield

State  
IL

Zip Code  
62705-0518

FEC ID number of contributing  
federal political committee.

C C00167015

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19000.00

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2016

Transaction ID : VNJ0FF41MP6

Amount of Each Receipt this Period

4500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. DEMOCRATIC PARTY OF ILLINOIS**

Mailing Address PO Box 518

City  
Springfield

State  
IL

Zip Code  
62705-0518

FEC ID number of contributing  
federal political committee.

C C00167015

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19000.00

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2016

Transaction ID : VNJ0FF42JG2

Amount of Each Receipt this Period

10000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

17312.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. DEMOCRATIC PARTY OF ILLINOIS**

Mailing Address PO Box 518

City  
Springfield

State  
IL

Zip Code  
62705-0518

FEC ID number of contributing  
federal political committee.

C

C00167015

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : VNJ0FF42JX4

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Democratic Party of Oregon**

Mailing Address 232 NE 9th Ave

City  
Portland

State  
OR

Zip Code  
97232-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : VNJ0FF41MM0

Amount of Each Receipt this Period

1562.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. HAWAII DEMOCRATIC PARTY**

Mailing Address 404 Ward Ave  
Ste 200

City  
Honolulu

State  
HI

Zip Code  
96814-3300

FEC ID number of contributing  
federal political committee.

C

C00212787

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : VNJ0FF41MN8

Amount of Each Receipt this Period

625.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

3187.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Association of State Democratic Chairs**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. South Carolina Democratic Party**

Mailing Address 1529 Hampton St  
Ste 200

City  
Columbia

State  
SC

Zip Code  
29201-2964

FEC ID number of contributing  
federal political committee.

C

C00007658

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : VNJ0FF42JH0**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Washington State Democratic Party**

Mailing Address PO Box 4027

City

Seattle

State

WA

Zip Code

98194-0027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4687.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : VNJ0FF41MJ5**

Amount of Each Receipt this Period

3125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

8125.00

**TOTAL** This Period (last page this line number only)..... ►

28625.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 22

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Deans, Dorothy, , ,

Mailing Address 734 Galaxy Hill Rd

City

North Pomfret

State

VT

Zip Code

05053-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : VNJ0FF42JY2

Amount of Each Receipt this Period

510.00

☐ Memo Item

Event Tickets

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

510.00

510.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 275 7th Ave

City  
New YorkState  
NYZip Code  
10001-6708Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

FEC Identification Number

C

Transaction ID : VNH17A544G

Amount of Each Disbursement this Period

163.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 114

City  
NewarkState  
NJZip Code  
07101-0114Purpose of Disbursement  
Credit Card Payment - See Memo Entries

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A54M-

Amount of Each Disbursement this Period

16081.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AKA White House**

Mailing Address 1710 H St NW

City  
WashingtonState  
DCZip Code  
20006-4699Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FQI

Amount of Each Disbursement this Period

1809.10

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

16244.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 10 G St NE

City  
WashingtonState  
DCZip Code  
20002-4213Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FQ

Amount of Each Disbursement this Period

263.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 10 G St NE

City  
WashingtonState  
DCZip Code  
20002-4213Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FQ

Amount of Each Disbursement this Period

233.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 10 G St NE

City  
WashingtonState  
DCZip Code  
20002-4213Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FR

Amount of Each Disbursement this Period

88.80

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 10 G St NE

City  
WashingtonState  
DCZip Code  
20002-4213Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FR1

Amount of Each Disbursement this Period

188.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 10 G St NE

City  
WashingtonState  
DCZip Code  
20002-4213Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FS0

Amount of Each Disbursement this Period

101.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 10 G St NE

City  
WashingtonState  
DCZip Code  
20002-4213Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FS:

Amount of Each Disbursement this Period

29.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Atkinson Theatre**

Mailing Address 256 W 47th St

City  
New YorkState  
NYZip Code  
10036-1411Purpose of Disbursement  
Event Tickets

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR1

Amount of Each Disbursement this Period

2873.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Conrad Condado Plaza**

Mailing Address 999 Ashford Avenue

City  
San Juan

State

Zip Code  
00907Purpose of Disbursement  
Refund

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FWK

Amount of Each Disbursement this Period

-5000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hotels.com**Mailing Address 5400 Lbj Fwy  
Ste 500City  
DallasState  
TXZip Code  
75240-1019Purpose of Disbursement  
Lodging

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR:

Amount of Each Disbursement this Period

462.30

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 22

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

## **A. Hotels.com**

Mailing Address 5400 Lbj Fwy  
Ste 500

City  
Dallas

State  
TX

Zip Code  
75240-1019

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C

Transaction ID : VNH17A5FS1

Amount of Each Disbursement this Period

206.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Intuit Order Channel**

Mailing Address 7535 Torrey Santa Fe Rd

City  
San Diego

State  
CA

Zip Code  
92129-5704

Purpose of Disbursement  
Software Usage Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C

Transaction ID : VNH17A5FR1

Amount of Each Disbursement this Period

32.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Intuit Order Channel**

Mailing Address 7535 Torrey Santa Fe Rd

City  
San Diego

State  
CA

Zip Code  
92129-5704

Purpose of Disbursement  
Software Usage Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C

Transaction ID : VNH17A5FR1

Amount of Each Disbursement this Period

42.25

☒ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Mail Chimp**Mailing Address 512 Means St NW  
Ste 404City  
AtlantaState  
GAZip Code  
30318-5788Purpose of Disbursement  
Email Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FPC

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marriott**

Mailing Address 2660 Woodley Rd NW

City  
WashingtonState  
DCZip Code  
20008-4106Purpose of Disbursement  
Parking

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FRF

Amount of Each Disbursement this Period

32.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Marriott**

Mailing Address 2660 Woodley Rd NW

City  
WashingtonState  
DCZip Code  
20008-4106Purpose of Disbursement  
Lodging/Meals

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A5FR1

Amount of Each Disbursement this Period

14000.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Association of State Democratic Chairs

 Memo Item

District:

 Memo Item

District:

**X** Memo Item

District:

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR5

Amount of Each Disbursement this Period

12.89
-------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR6

Amount of Each Disbursement this Period

13.30
-------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR7

Amount of Each Disbursement this Period

13.92
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☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR8

Amount of Each Disbursement this Period

11.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR9

Amount of Each Disbursement this Period

19.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR,

Amount of Each Disbursement this Period

43.18

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FRE

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FRE

Amount of Each Disbursement this Period

10.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : VNH17A5FR

Amount of Each Disbursement this Period

59.23

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C 

Transaction ID : VNH17A5FR2

Amount of Each Disbursement this Period

 15.54☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C 

Transaction ID : VNH17A5FS7

Amount of Each Disbursement this Period

 8.74☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Barnes, Julia, , ,**Mailing Address 300 Bedford St  
Ste 111City  
ManchesterState  
NHZip Code  
03101-1177Purpose of Disbursement  
Reimbursement - See Memo Entry

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C 

Transaction ID : VNH17A54NI

Amount of Each Disbursement this Period

 74.22☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

 74.22

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

**A. Uber Technologies**

Mailing Address 800 Market St

City  
San FranciscoState  
CAZip Code  
94102-3033Purpose of Disbursement  
Transportation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

FEC Identification Number

C

Transaction ID : VNH17A54RJ

Amount of Each Disbursement this Period

74.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fishman, Ann, , ,**

Mailing Address 10212 Windsor View Dr

City  
PotomacState  
MDZip Code  
20854-4019Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : VNH17A542H

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fishman, Ann, , ,**

Mailing Address 10212 Windsor View Dr

City  
PotomacState  
MDZip Code  
20854-4019Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2016

FEC Identification Number

C

Transaction ID : VNH17A543E

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)

A. Fishman, Ann, , ,

Mailing Address 10212 Windsor View Dr

City  
PotomacState  
MDZip Code  
20854-4019Purpose of Disbursement  
Administrative Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : VNH17A54HC

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

23818.72